



**Baltimore Harm Reduction Coalition**

A program of *Fusion Partnerships, Inc.*

Baltimoreharmreduction.org

410-205-5143

Dear Interagency Heroin and Opioid Coordinating Council,

While attention has rightly shifted to mitigate the COVID-19 pandemic, we cannot lose sight of the other public health crisis we are still battling: the overdose crisis. We have lost more than 10,000 Marylanders to overdose over the last 5 years, and we can expect to see an increase during and after this pandemic if proactive measures are not taken. As we know from [racial disparity data](#), COVID-19 infection does not discriminate but magnifies existing inequities. People who use drugs are already marginalized and underserved by health care systems, largely because of criminalization and stigma which is compounded by racism and other forms of oppression. People who use drugs often experience underlying health conditions, higher rates of poverty, unemployment, homelessness, and lack of access to vital resources, all of which creates higher risk for acquiring and having complications from viral infections.

Marylanders have long lacked adequate and consistent access to naloxone, harm reduction and recovery supports, and formal treatment options. This is an increasingly dangerous state of affairs during a global emergency, as access to life-sustaining services has changed dramatically in order for programs to adhere to social distancing protocols. In order to reduce the risk of COVID-19 infection, involuntary drug withdrawal, transmission of other infectious diseases such as HIV and viral hepatitis, and overdose, we urge you to take action to protect the health and human rights of people who use drugs.

**Prioritize harm reduction & decriminalize safety**

Harm reduction programs must be officially declared essential life-saving public health programs and be given increased funding and resources to continue or intensify distribution of naloxone, personal hygiene supplies, safer sex supplies, syringe services, and other safety information and provisions. Furthermore, during this time of heightened awareness of viral transmission, the State must make every effort to encourage distribution of single-use items for drug use and discourage people from sharing any drug use equipment, including items to smoke or sniff drugs. **Therefore, it is essential that the possession and distribution of all drug paraphernalia for personal use be decriminalized so that people can access and properly dispose of these items without fear of police interference.**

Baltimore Harm Reduction Coalition mobilizes community members for the health, dignity, and safety of people targeted by the war on drugs and anti-sex worker policies.

We advocate for harm reduction as part of a broader movement for social justice.



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**Authorize the establishment of Overdose Prevention Sites**

As emergency responders and hospitals are pushed to their capacity due to the COVID-19 outbreak, they may take longer to respond to medical emergencies. And due to stigma, there is an added danger of people who use drugs being deprioritized for care. In the event of an opioid overdose, even a couple minutes of delay can mean the difference between life and death. Furthermore, all efforts should be made to divert avoidable interactions with emergency responders so they can focus on COVID-19 patients. **Overdose Prevention Sites are the least costly, most effective way to reach people who are most at risk of overdose and who are marginalized from traditional health care structures.** There are community-based organizations around the state who are eager to set up spaces for people to use drugs safely. **With emergency authorization of Overdose Prevention Sites, people who use drugs could access a myriad of life-saving services, including using drugs in the presence of trained staff equipped with naloxone and other safety tools, without worry of police interference.** People who use drugs in isolation are at increased risk of fatal overdose. This is why existing Overdose Prevention Sites around the world have already [adapted their policies to account for social distancing](#) and have continued to save lives.

As we face an unprecedented global public health crisis. It is more important than ever that we recognize the needs of our most vulnerable populations, and work to protect the health and well-being of people who use drugs and sex workers. As the State moves forward to address this pandemic, we must implement innovative strategies to reduce death and increase access to care and support so that no one is left behind.

Sincerely,

Harriet Smith, executive director

Rajani Gudlavalleti, community organizing manager

Tricia Christensen, policy manager

For more information about Baltimore Harm Reduction Coalition or any content within this letter, please contact Tricia Christensen at [Tricia@BaltimoreHarmReduction.org](mailto:Tricia@BaltimoreHarmReduction.org)

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June 3, 2020

Robin Rickard, Deputy Director  
Opioid Operational Command Center  
100 Community Place  
Crownsville, MD 21032

Re: Inter-Agency Heroin & Opioid Coordinating Council Public Comment

Dear Deputy Director Rickard:

Thank you for accepting public comment for the Inter-Agency Heroin & Opioid Coordinating Council's meeting. NCADD-Maryland, like all those in the arena of substance use and mental health services, has been working non-stop since the pandemic and State of Emergency were declared in March. We have been monitoring the impact on people in need of treatment and those in recovery, and working closely with treatment providers, recovery residences, and peers to directly help individuals, and weigh in on needed policy changes.

There are many areas of concern at this time regarding access to treatment and recovery supports. We are grateful for the lengths to which the State and federal government has relaxed numerous rules and regulations to promote access during the stay-at-home orders. We believe many of these relaxations need to continue into the foreseeable future, and some permanently. These comments below are some of the suggestions and recommendations made by stakeholders from around the state.

#### *Immediate Needs*

There are concerns about a disruption to the drug supply chain leading to higher prices for drugs and increasing the manufacturing of synthetic drugs. This, coupled with growing unemployment, can create an opportunity where people with substance use disorders are more likely to turn to help. Maryland should do everything in its power to open access to treatment at this moment. This includes:

- Increasing outreach to people in their communities and connecting them to providers;
- Promoting training for physicians, nurse practitioners, and physician assistants in order to prescribe buprenorphine;
- Ensuring adequate funding exists for treatment providers struggling financially at this time;
- Creating a way for treatment programs to communicate with the Behavioral Health Administration and/or local authorities about whether or not they are admitting new patients during the crisis in order to make the information available to the public; and
- Creating alternative care sites such as advanced medical tents for the provision of residential levels of care to people who test positive for COVID-19.

### *Short-Term Needs*

As it is well documented that traumatic events that happen at the community level lead to increases in substance use, overdoses, and suicides (see Addiction Thrives on Isolation), the public behavioral health system must be prepared and supported for a surge in people seeking help. Steps should include:

- Protection of the budgeted 4% reimbursement rate increase planned to take effect in less than a month;
- Retention of expanded allowance of the use of both telehealth and telephonic service delivery and its reimbursement;
- Increase in testing and PPE resources for behavioral health providers and those conducting outreach;
- Establishment of Overdoses Prevention Sites to reduce the incidences of death; and
- Clear and consistent guidance on how recovery residences and treatment programs should be operating in the face of the pandemic and likely resurgence.

### *Related Services*

There are myriad other issues facing vulnerable people, including people who interact with the public behavioral health system. While in no way limited to people with substance use and mental health disorders, there are other services that need to be in place to help people access treatment and harm reduction services and maintain recovery.

- With the Courts in Maryland opening in the coming weeks, there is great concern about the impact that unemployment is having on the ability of people to pay their rent and mortgages. Unstable housing is a threat to a person's access to treatment and their ability to maintain recovery. The State must invest additional resources in eviction prevention funds.
- The State should ensure training opportunities are provided as specific areas of professional need are identified. For example, there is a need to provide training to clinicians, peer counselors and family navigators on financial management coaching. As people receive stimulus checks and unemployment assistance, ensuring they are being provided sound advice regarding how to handle lump sums of cash is something that will help those helping others make appropriate plans.
- There is growing attention being paid to the level of quality of health care in prison facilities and local detention centers. This includes the availability of medications and counseling for people with substance use and mental health disorders, not to mention the ability of facilities to prevent and respond to the spread of COVID-19 or any communicable disease. A pandemic should not restrict a person's access to appropriate health care. Plans must be put into place to ensure these services can be provided at a high quality.

Thank you for considering these recommendations. We hope to maintain open, productive communication with our State partners as we work together to address these two public health crises. If you have questions, please contact me at [nancy@ncaddmaryland.org](mailto:nancy@ncaddmaryland.org).

Sincerely,



Nancy Rosen-Cohen, Ph.D., Executive Director

MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.

June 2, 2020

TESTIMONY to the Maryland Interagency Heroin and Opioid Coordinating Council  
re: **Telehealth Behavioral Health Services after the Covid Emergency**

Dear Lt. Governor Boyd Rutherford and members of the Council,

On behalf of MDDCSAM members and the populations we serve, we urge continuing most of the liberalized telehealth procedures for behavioral health after the Covid state emergency is over.

Services are now temporarily accessible through telehealth for many patients who otherwise would not receive them at all under pre-Covid telehealth rules. Lower-barrier telehealth is not just a convenience. It actually prevents many people from “falling through the cracks.”

Populations that need behavioral health services, on average, are less likely to own smart phones, and are more likely to experience challenges in accessing transportation and keeping regular appointments on time. The heartbreaking reality is that dropping out of treatment has become a routine occurrence because of unnecessary barriers to service. The definition of “Telehealth” as strictly non-telephonic, and strictly inaccessible to anyone from their home, undermines most of the advantages.

While being cognizant of the confidentiality risks, we now know from experience that the benefits outweigh those risks in most circumstances.

Joseph A. Adams, M.D., Chair, MDDCSAM Public Policy Committee

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Maryland Coalition of Families (MCF)'s Substance Use Family Navigation Program provides education, resources, advocacy and emotional support to families or individuals who care for someone with a substance use disorder. Using a peer support model, MCF Family Peer Support Specialists (FPSS's) offer support, information about resources and assistance accessing treatment and recovery supports. As the majority of families seeking services from the program have a member or a loved one with an opioid disorder, this program is an effective strategy to link those with opioid disorders to treatment and recovery supports.

During the COVID 19 crisis, our Substance Use FPSS's have observed a number of concerning trends. They report that overdoses have increased as well as overdose deaths in a number of jurisdictions across the state. They attribute this to a number of factors:

- Many people are being rapidly released from jails and prisons; they are using and overdosing
- People who have been in recovery have lost their support system (meetings and social connections). This coupled with anxiety and stress owing to Covid-19 are causing relapses and overdoses
- Virtual meetings are not adequate for some people in recovery. In addition, many lack the technology (no computer or internet service) to participate in virtual meetings
- People are relapsing because they have greater access to cash – stimulus and unemployment checks – along with nothing to do

Our substance use staff have observed other concerning trends. They have seen an increase in people using crack cocaine, which sometimes is laced with fentanyl. They also reported that there is a larger market for buprenorphine. At the same time, it has been harder to get into treatment in some places. For a time there were no new treatment beds on the Eastern Shore, and many treatment centers have only been taking new admissions that are "bed-to-bed." Outpatient treatment services offered through telehealth are inaccessible to some who have no access to a computer or the internet.

We appreciate the opportunity to offer these comments.

Ann Geddes  
Director of Public Policy  
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